



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T. - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

May 24, 2007

Stacie Kaes, Administrator
Magic Valley Manor-Assisted Living
PO Box 306
Wendell, ID 83355

License #: RC-671

Dear Ms. Kaes:

On April 24, 2007, a state licensure survey was conducted at Magic Valley Manor - Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

MM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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May 2, 2007

Stacie Kaes, Administrator
Magic Valley Manor-Assisted Living
PO Box 306
Wendell, ID 83355

Dear Ms. Kaes:

On April 24, 2007, a state licensure survey was conducted at Magic Valley Manor - Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 24, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Simpson".

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R671	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2007
NAME OF PROVIDER OR SUPPLIER MAGIC VALLEY MANOR - ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 210 N IDAHO WENDELL, ID 83355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>Surveyor: 23026 The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey conducted at your facility. The surveyors conducting the standard health care survey were:</p> <p>Maureen A. McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Magic Valley Manor</i>	Physical Address <i>210 N. Idaho</i>	Phone Number <i>208 539-6623</i>
Administrator <i>Delores Allshouse</i>	City <i>Wendall</i>	ZIP Code <i>83355</i>
Survey Team Leader <i>Maureen McCann</i>	Survey Type <i>Standard Survey</i>	Survey Date <i>4-24-07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	157.02	There was no current RN delegation for UAPs	5/24/07 <i>mm</i>	
2	225	There was no written documentation instructing staff how to intervene for a resident wearing a wander guard (Res #2)	5/24/07 <i>mm</i>	
3	260.06	The sink in room 22 had a large rust covered area into around the over flow hole	5/24/07 <i>mm</i>	
4	305.01	There was no documented evidence of an RN assessment for siderails in rooms (6 & 21) as to the risk vs. benefits of siderails for mobility	5/24/07 <i>mm</i>	
5	450	The facility must meet the standards of the Idaho Food Code. See corrections on Idaho Food Code report (405 <i>mm</i>)		

Response Required Date <i>5-24-07</i>	Signature of Facility Representative <i>Delores Allshouse</i>	Date Signed <i>4/24/07</i>
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